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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid QMB control number. Application or Bocket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) RATE NUMBER EXTRA RATE FFF NUMBER FILED FOR s 150 BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS x s <u>50</u> = x s_25_ = 0 OR minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS x s_**200**= 0 x s 100 = OR minus 3 = (37.CFR 1.16(b)) TOR MUCTIPLE DEPENDENTICIAM PRESENT (197 CFR 1 16(0)) TOTAL OR TOTAL * If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS RATE ADDI-PRESENT RATE ADDI-NUMBER REMAINING TIONAL **EXTRA** TIONAL PREVIOUSLY IENDMENT AFTER FEE FEE PAID FOR AMENDMENT Minus x s**5**0 = Total (37 CFR 1,16(c)) 0 x s<u>25</u> = OR Independent (37 CFR 1.16(b)) Minus 0 x s 100 = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) +s 180 = OR + s 3660 : TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-RATE PRESENT RATE ADDI-NUMBER REMAINING TIONAL -**EXTRA** TIONAL PREVIOUSLY AFTER FEE ENDMENT FEE PAID FOR AMENDMENT Minus x s 50 = Total (37 CFR 1.16(c)) x s_25_= OR Minus Independent (37 CFR 1,16(b)) x s**_loo** = OR + 5360= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 5 | 80 = TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-RATE ADDI-PRESENT RATE () NUMBER REMAINING TIONAL TIONAL **EXTRA** PREVIOUSLY AFTER FEE ENDMENT FEE PAID FOR AMENDMENT x s **50** = Minus Total (37 CFR 1,16(c)) x s 25_= OR Independent (37 CFR 1.16(b)) Minus x s 100 = + s 360= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR +s **18**0 TOTAL TOTAL

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

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Jane - Carrier

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent, on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent, on the amount of time you require to complete this form and the amount of time you require the complete this form and the amount of time you require the complete this form and the amount of time you require the complete this form and the amount of time you require the complete this form and the amount of time you require the complete this form and the complete th ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,

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